

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10-018, 698	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3		12					53			
4		101					54			
5		10					55			
6		101					56			
7		10					57			
8		101					58			
9		10					59			
10		101					60			
11		10					61			
12		101					62			
13		10					63			
14		101					64			
15	1						65			
16	1						66			
17							67			
18							68			
19							69			
20							70			
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24							74			
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36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	13						TOTAL DEP.			
TOTAL CLAIMS	16						TOTAL CLAIMS			